



CITIZENS POLICE ACADEMY

SHREVEPORT POLICE DEPARTMENT

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: ____-____-____ MARRIED: ☐ Yes
(optional) ☐ No

La. Driver's License #: _____ & Expiration Date: ____/____/____

Is this license currently valid: ☐ Yes ☐ No Do you have transportation: ☐ Yes ☐ No

HOME PHONE #: ____-____-____ WORK PHONE #: ____-____-____

Please list and explain any other names you have used:

Name	Explanation

Educational background:

High School Diploma / GED Where:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational / Trade School: Where:	Field:
College:	Degree Received:
College:	Degree Received:

Work Experience (most recent first):

	EMPLOYER	ADDRESS	SUPERVISOR	DUTIES	FROM/TO
1					
2					
3					
4					

How did you hear about the Citizen's Police Academy?

Why do you wish to attend the Citizen's Police Academy?

Have you ever used or tried any narcotic drugs without a doctor's prescription?

☐ Yes ☐ No

Have you ever committed a felony or misdemeanor? ☐ Yes ☐ No

Have you ever been arrested and/or convicted of a felony or misdemeanor?

☐ Yes ☐ No

Is there anything in your past which might disqualify you? ☐ Yes ☐ No

If Yes, describe briefly:

List two personal references other than family:

	NAME	ADDRESS	PHONE	RELATIONSHIP
1				
2				

In case of emergency, please contact:

	NAME	PHONE	RELATIONSHIP
1		Home: Cell: Work:	
2		Home: Cell: Work:	

Do you have medical insurance? ☐ Yes ☐ No

Name of Company: _____ Policy #: _____

I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from liability or damage with may result from furnishing the information requested.

Printed Name: _____

Signature: _____ Date: ____/____/____



Cedric B. Glover
Mayor

Shreveport Police Department

1234 Texas Avenue
Shreveport, Louisiana 71101
web site: www.ci.shreveport.la.us/dept/police



Henry L. Whitehorn, Sr.
Chief of Police

PERSONAL INQUIRY RELEASE (Authority for the release of information)

To Whom It May Concern:

I respectfully request and authorize any and all information of a confidential or privileged nature to be furnished or released to the Shreveport Police Department. This information is to be used to assist in determining my qualifications for the applied for position.

I hereby release you and any members of your organization from liability or damage which may result from the information furnished.

X _____
(Applicant's Printed Name and Date)

X _____
(Applicant's Signature and Date)

(Date of Birth)

(Social Security Number)

X _____
(Program Coordinator's Signature)

X _____
(Witness)

"To Serve and Protect"